Instructions for Completion of Discrepancy Statement of Service Form

Revised 3/30/2015 with New Mailing Address

Each line must be filled out per instructions or the discrepancy will be rejected

- Weeks of Service Start date is always the Sunday of the week claiming and end date is the following Saturday.
- 2. Provider information
 - a. EIN/SSN is your tax ID number-same number use on your W-9 form.
 - b. Name of your business used on the W-9 tax form.
 - Address of your daycare site where the child is in care.
 - City, State and Zip Code where the daycare site is located.
 - e. Director or the person to contact.
 - f. Daycare phone number.
 - g. County where the provider is located.

3. Parent/Guardian information

- a. Parent/Guardian Name
- b. Parent/Guardian address, city, state and zip code
- c. Parent phone number
- 4. Child's Name
- 5. Description of Discrepancy
 - a. Card issues any reasons the parent didn't swipe in -out
 - b. POS not installed for the family to swipe in-out
 - c. POS was not working in order for the family to swipe in-out
- 6. Week 1
 - a. Fill in each date for the day of the week.
 - b. Use a code (below week 2) if the child was not in care for that day.
 - c. Use the exact time a.m. or p.m. (hour and minutes) the care starts.
 - d. Use the exact time a.m. or p.m. (hour and minutes) the care ends.
 - e. Total hours must be figured to the hour and minute for each day.
 - f. Number of day's child was in care.
 - g. Amount owed for the child in care.
 - h. Total hours must be figured to the hour and minute for the week.
- 7. Week 2 same as week 1
- 8. Parent/Guardian Signature and Date
 - a. Must be written in blue ink.
- 9. Provider Signature and Date
 - Must be written in blue ink.
- 10. Maintain a copy of this statement for your records.
- 11. Codes for Weeks 1 & 2
 - a. P=Personal Day.
 - b. H=Provider Holiday.
 - c. O=Other type of day.

Mail To:

Note: NEW ADDRESS!

Xerox Statewide Discrepancy Department 251 North Illinois Street Suite 1150, North Tower Indianapolis, IN 46204